

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155693		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/05/2011	
NAME OF PROVIDER OR SUPPLIER SILVER OAKS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 2011 CHAPA DR COLUMBUS, IN47203			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00093286.</p> <p>Complaint IN00093286 - Substantiated. Federal/state deficiencies related to the allegations are cited at F223.</p> <p>Survey dates: August 4 and 5, 2011</p> <p>Facility number: 002955 Provider number: 155693 AIM number: 200346570</p> <p>Survey team: Janie Faulkner, RN</p> <p>Census bed type: SNF 33 SNF/NF 24 Residential 33 Total 90</p> <p>Census Payor type: Medicare 17 Medicaid 17 Other 56 Total 90</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0223 SS=A	<p>Quality review completed on August 11, 2011 by Bev Faulkner, RN</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on interview and record review, the facility failed to ensure a resident remained free from verbal/mental abuse. This affected 1 of 3 residents reviewed for abuse in a sample of 3. (Resident # A)</p>		F0223	<p>Initial investigation included interviews with 6 employees and 3 residents. Following initial investigation employee was suspended pending further investigation. Inservicing related to Resident Abuse, Customer Service, and Trilogy Service Standards was conducted on 7/11/2011 for all staff. Social Services provided support to resident, with no harm or injury noted to resident. Social Services also interviewed like residents with no other residents affected. Following investigation employee was terminated. Another</p>		08/29/2011	

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	<p>Findings include:</p> <p>1. During an interview with Resident #A on 8/4/2011 at 2:40 P.M., the resident stated, "I don't remember what the girl said to me, but nobody else has yelled or sworn at me. They take good care of me, but I'd rather be home. (Room mate's name) is one of the best as room mate."</p> <p>On 8/4/2011 at 3:35 P.M., review of the clinical record for Resident #A, indicated the resident was admitted with, but not limited to the following diagnoses: chronic obstructive pulmonary disease,</p>				Customer Service Training was conducted on 8/18/2011.		

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	<p>hypertension, spastic quadriparesis, degenerative arthritis, and depression. A MDS[Minimum Data Set] dated 6/8/11, indicated Resident #A was cognitively intact and requires extensive assistance of two persons for transfers and dressing. Resident #A was unable to walk, used a wheelchair for mobility, and required assistance with bathing and personal hygiene.</p> <p>During an interview with Resident #A's family member at 1:45 P.M., on 8/4/2011, she stated, "The facility took action right away when the CNA was</p>						

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	<p>rude to (name of Resident #A)." "They handled everything to our satisfaction."</p> <p>On 8/4/2011 at 2:00 P.M., interview with the Executive Director and the Director of Health Services, they indicated, "All allegations of abuse are investigated thoroughly, the employee is suspended pending outcome of investigation, if substantiated, we let staff member go." "We have zero tolerance for abuse."</p> <p>Review of the FAX/INCIDENT REPORT provided by the facility</p>						

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	<p>Executive Director on 8/4/2011 at 2:30 P.M., indicated an incident alleging Employee #3/CNA being rude to Resident #A occurred on 7/7/2011 at 7:00 P.M. Employee #3/CNA was witnessed by one resident [no longer in the facility] and Employee #1/CNA to make the statement "[Resident #A's last name] why did you turn on your call light? I told you I would be back." in a rude manner to the resident. And then during care Employee #3/CNA stated, "Don't yell at me."</p> <p>The initial investigation included interviews with</p>						

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	<p>three residents and six employees present at the time of incident. Employee #3/CNA was suspended pending completion of the investigation. On 7/12/2011, Employee #3/CNA was discharged related to rudeness to a resident after the investigation was completed.</p> <p>During an interview with Employee #2/LPN at 12:55 P.M., on 8/5/2011, she indicated that on 7/7/11, "After dinner, Employee #1/CNA came and got me to ask me to help her get Resident #A off of the</p>						

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	<p>toilet, as whoever put him on the toilet had mouthed off to the resident, but he never said anything to me." "He was out of sorts, usually he'll tell me, but I did not witness anything."</p> <p>On 8/5/2011 at 1:14 P.M., in an interview with Employee #1/CNA she stated, "I was pushing residents back from the dining room and Employee #3/CNA asked me to help her scoot Resident #A back on the toilet." "Whenever we approached his room, he turned on bathroom call light." "We went in and Employee #3/CNA yelled, "(Resident #A's last name)</p>						

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	<p>why did you turn on your call light? I told you I'd be right back." "Resident #A opened his mouth real wide like he was trying to yell and tensed his arms up, and clinched his fists, mouth was moving like he was trying to yell, but no sound." "Employee #3/CNA said, "don't yell at us we're just trying to help you." "We 1, 2,3[counted and then moved resident back on the commode] and Employee #3/CNA grabbed her back and yelled s..t, this is ridiculous he needs be a fr...ing Hoyer lift."</p> <p>"Employee #3/CNA had a sour attitude for the last couple of months."</p>						

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	<p>The facility conducted an "Abuse & Neglect Procedural Guidelines" inservice on 7/11/2011 for their staff.</p> <p>Review of "ABUSE AND NEGLECT PROCEDURAL GUIDELINES" provided by the Assistant Director of Health Services on 8/5/2011 at 5:15 P.M., indicated : "Purpose: Trilogy Health Services, LLL (THS), has developed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident abuse and neglect</p>						

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	<p>Procedure: ...3.</p> <p>Definitions...b. VERBAL ABUSE - may include oral, written, or gestured language that includes disparaging and derogatory terms to the resident/patient or within their hearing distance to describe residents, regardless of their age, ability to comprehend or disability.</p> <p>i. Staff to resident - any episode...</p> <p>This Federal tag relates to Complaint IN00093286</p> <p>3.1-27(b)</p>						